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CUBIST PHARMA

002

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34103 7590 09/20/2004

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<i>Timothy J. Douros</i>	(Depositor's name)
<i>Jill M.N. Mandelblatt</i>	(Signature)
December 17, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/082,544

02/20/2002

Frederick B. Oleson JR.

-CUB-1 CON-

8363

TITLE OF INVENTION: METHODS FOR ADMINISTRATION OF ANTIBIOTICS

C053/02 65

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$300

\$1630

12/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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CHOI, FRANK I

1616

514-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 Timothy J. Douros2 Jill M.N. Mandelblatt

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

CUBIST PHARMACEUTICALS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lexington, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Timothy J. Douros

Date

December 17, 2004

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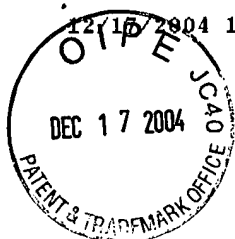
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41,716

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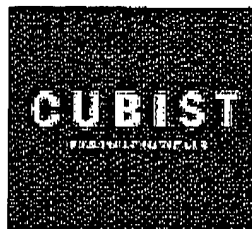
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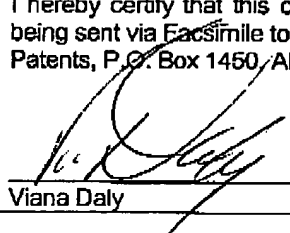
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